| DETITION FOR EVIENCION OF TIME UNDER 27 CER 4 426(a)                                                                                   | Docket Number (Optional)               |                              |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)                                                                                   |                                        |                              |
| FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)                                                      | 2316 - 061635                          |                              |
| Application Number 10/580,360                                                                                                          | Filed March 12, 200                    | 7                            |
| For "System for Providing Lyrics for Digital Audio Files"                                                                              | · · · · · · · · · · · · · · · · · · ·  |                              |
| Art Unit 2164                                                                                                                          | Examiner Yuk Ting                      | Choi                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the periapplication.                                               | iod for filing a reply in the a        | bove identified              |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):                        |                                        |                              |
| <u>Fee</u>                                                                                                                             | Small Entity Fee                       |                              |
| One month (37 CFR 1.17(a)(1)) \$130                                                                                                    | \$65                                   | \$ 65                        |
| Two months (37 CFR 1.17(a)(2)) \$490                                                                                                   | \$245                                  | <u> </u>                     |
| Three months (37 CFR 1.17(a)(3)) \$1110                                                                                                | \$555                                  | \$                           |
| Four months (37 CFR 1.17(a)(4)) \$1730                                                                                                 | \$865                                  |                              |
| Five months (37 CFR 1.17(a)(5)) \$2350                                                                                                 | \$1175                                 |                              |
| Applicant claims small entity status. See 37 CFR 1.27.                                                                                 |                                        |                              |
| A check in the amount of the fee is enclosed.                                                                                          |                                        |                              |
| Payment by credit card.                                                                                                                |                                        |                              |
| The Director has already been authorized to charge fees in this                                                                        | application to a Deposit               | Account.                     |
| The Director is hereby authorized to charge any fees which may Deposit Account Number 23-0650 .                                        | be required, or credit ar              | ny overpayment, to           |
| WARNING: Information on this form may become public. Credit card information and authorization on PTO-2038.                            | mation should not be include           | ed on this form.             |
|                                                                                                                                        |                                        |                              |
| I am the applicant/inventor.                                                                                                           |                                        |                              |
| assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).              |                                        |                              |
| attorney or agent of record. Registration Number                                                                                       | 22,132                                 | <b></b> -                    |
| attorney or agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34                                                  | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |                              |
| West Touch                                                                                                                             | June 23                                | . 2010                       |
| Signature                                                                                                                              | Date                                   |                              |
| William H. Logsdon                                                                                                                     | 412-471-8815                           |                              |
| Typed or printed name                                                                                                                  | Telephone Number                       |                              |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their represe signature is required, see below. | ntative(s) are required. Submit mul    | tiple forms if more than one |
| Total of 1 forms are submitted.                                                                                                        |                                        |                              |